

Hawai'i Teacher Standards Board  
650 Iwilei Road, Suite 201  
Honolulu, HI 96817



www.htsb.org  
htsb@hawaii.gov  
808-586-2600

### VERIFICATION OF QUALIFYING EXPERIENCE

**Directions:** Complete Section 1 and send this verification form to an authorized official of each school or school district where you completed your full time, contracted, satisfactory professional teaching experience. Ask for this form to be submitted to HTSB.

**1. PERSONAL INFORMATION. Answer all Questions. Print or type in blue ink.**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
(Last name) (First name) (Middle Name)  
Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

DISCLAIMER: I hereby authorize the release of the information regarding my qualifying teaching experience at the school/ school district from which I am making this request.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**2. AUTHORIZED SCHOOL OR DISTRICT OFFICIAL COMPLETE THIS SECTION.**

**To Authorized Official:** This individual has applied for the Standard Hawai'i teaching license (includes school counselors and school librarians) and must verify three years of satisfactory contracted P-12 professional teaching experience(s). Use a separate line for each year of service the applicant served in your school/district. Submit to HTSB at the above address.

- ☐ This applicant **has served successfully** in the following **contracted** P-12 position(s) in public or approved nonpublic schools in the last five years of the applicant's date on this verification form.
- ☐ This applicant **has not served successfully** in the following **contracted** P-12 position(s) in public or approved nonpublic schools in the last five years of the applicant's date on this verification form.

From (mo/yr)	To (mo/yr)	Subject Taught	Grade level	Full Time	Not Full Time

Signature of Authorized School Official \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

District/School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please indicate: \_\_\_\_\_ Public School \_\_\_\_\_ Non-Public If Non Public School, List Accreditation \_\_\_\_\_